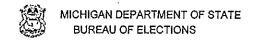


COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE					
Report must be legible, typed or printed in ink ar the treasurer (or designated record keeper) and	nd signed by candidate.	3. This Statement covers:	rom 7/21/14 to 8/25/14		
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I. Thomas		
		1			
2. Committee Name Committee To elect		4a. Office Sought Including District # or Community Served (If applicable) 5th District County Commissioner			
Tom Herek		4b. County of Residence BAY			
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
1606 30th Bay City, MI 487	08	Christine Herek			
/- 3 con (a)	2.1				
Area Code and Phone 989 892-692 If the address in this box is different from the comm	nittee		S		
mailing address on the Statement of Organization, be sent to this address by the filing official.	mail may	Area Code & Phone 989	1) 892-6924		
7. Treasurer's Business Address		8. Designated Record Keepe Designated Record Keeper)	r's Name and Mailing Address (If the committee has a		
1606 30th Bay City, MI 48"	708	2 congruito a riccoria riccopoly			
Bay Chy I II			121		
Area Code and Phone (989) 892-69	124	Area Code and Phone			
9. TYPE OF STATEMENT			9e. Dissolution of Cardidate Committee		
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:	LY if candidate ballot for the	By enecking this item (We certify any outstanding debt by the committee to the cardidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets,		
☑Primary	July Quarte	erly	owes no lates fees or has any outstanding debt.		
General	October Qu	uarterly	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
Convention			considered a request for the Reporting vvalver.		
Special	9c. Annual	Statement ()	Effective date of dissolution		
School	Amana	Coverage Year			
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus		ĺ			
8/5/14					
Verification: I\We certify that all reasonable dilige ny\our knowledge and belief the contents are true, a	l ince was used in accurate and con	the preparation of this stateme	ent and attached schedules (if any) and to the best of		
Current Treasurer or	1 (~ D - 1 - 0	» W A -/1.		
Designated Record Keeper <u>Christine</u>	Heret	1 Christines (- Merek Date 8/24/14		
Type or Print Name	,	Şignature	Belley.		
	iek i	Thomas M)	Kent Date 9/9/14		
Type or Print Name		Signature	′ /		



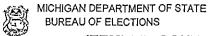
1. Committee I.D. Number _____

1506	42
------	----

SUMMARY PAGE ANDIDATE COMMITTEE

2. Committee Name Committee to Elect Tom Herel

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 800.34	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>800.34</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <i>D.OO</i>	
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 800.34	_
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>800.34</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10, Disbursements a. Itemized (Schedule 1C, Column 6)	(10a,) \$O · O O	-
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	·-
(Add Line 10a + Line 10b)	(11.) \$	(04) 6
DEBTS AND OBLIGATIONS 12. Debts and Obligations	. (11.)	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 3300.34	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
 	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ ///.do.	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>800.34</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <i>9//.54</i>	<u> </u>
16. Amount expended during reporting period	(16.)- \$ <u>800.34</u>	<u> </u>
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ _///.20	*



Page______of_____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number	15	0	642
•			

CANDIDATE COMMITTEE 2. Committee Name _	· <u>-</u>	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/25/14 Name & Address: Thomas Herell	· · · · · · · · · · · · · · · · · · ·	
1606 30th Bay City, MI 48708 5. If over \$100.00 cumulative, please provide:	\$ 800.34	
Occupation Employer Bay County	-	or Memo Itemization
Business Address 515 Center Ave, Bay Csty M1 4870 Type of Contribution: Direct Loan from a person Fund Raiser)}	
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Ralser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
Name & Address	-	•
	ş	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	Show Hore for	Monto Romization
Business Address		·
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	800.34	

Grand Total of All Schedules 1A (Complete on last page of Schedule)

800,34

Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

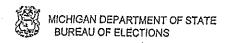
1. Committee I. D. Number 150643

CANDIDATE COMMITTEE	2. Committee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		1	
Name Dornho's Arinting Address 1/3/ E. Genesee		7/25/14	1 \$800.39
Address 1/3/ E BONDSER	Purpose: Flyprs	Date	700.7
sagman, Mi	· /	lick Here for Memo	Itemization Type
48603	Check box if this expenditure is paymen	t of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name			¢
Address	Burnana	Date	۶
Variess	Purpose:	,	
	Cli	ck Here for Memo	Itemization Type
_	Check box if this expenditure is payment	. of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	1		
Name			\$
Address	Purpose:	Date	<u> </u>
		k Here for Memo II	tomization Tuna
	Check box if this expenditure is payment		emzalion rype
Fund Raiser	debt or obligation reported on previous	OI .	
Expenditure #4	statement		
Name			
		——————————————————————————————————————	\$
Address	Purpose:		
	Click	k Here for Memo Ite	emization Type
	Check box if this expenditure is payment of	of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name	· ·		
Address	Purpose	Date	\$
	Purpose:		
	Click Check box if this expenditure is payment o	k Here for Memo Ite √	mization Type
Fund Raiser	debt or obligation reported on previous	•	
	statement	total this page	
			800.34
	Grand Total of al	I Schedules 1B	البسيميم

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)

Page _____ of ____

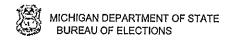


DEBTS AND OBLIGATIONS 1	. Committee I.D. Number	50642		•
SCHEDULE 1E	. Committee I.D. Number	10012		
	Committee Name Commit	tee to elect	Tom HER	دولا. ۱
This Schedule itemizes:				
· · · · · · · · · · · · · · · · · · ·	—			
a Debts and obligations owed by or forgiven the co	mmlitee OR b. [Det neck either a or b. Use only for the p	ots and obligations owed <u>to</u> o purpose checked.)	r forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description)	7. Date and amount of each payment	8. Cumulative payment to	9, Outstanding Balance at close
Check box to Indicate whether debt is owed to an	5. Indicate date debt was incurred		date on debt	of this period (Item 6 minus
Incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	6. Indicate original amount of debt			Item 8)
Debt #1 . Corp? Yes Owed to or	4. Typs: O n W	11/16/128 800 00		
Christine HEREK	5. Date Debt Was Incurred:	11/21/12 5 200 00	1	
1606 30Th	5/15/12	175/123200	أمم	A.8
Bay City, MI 48708	6. Original Amount of Debt:	<u> </u>	\$ 1000	s 500
	s 1500 m	\$		CTropower
	. 1 3000	s	1	
If bank loan, name of endorser or guarantor:		Amou	nt Endorsed: \$	·
Debt #2 Corp? Yes	4. Type: 10 A N	\$		
Chieratine Herek	5. Date Debt Was Incurred:	•		
140h 300	9/1/12			44
Bay City, MI 48708	6. Original Amount of Debt:	<u>\$</u>	<u> -0- </u>	1500
, ,	s 1500 04	\$	Г	FORGIVEN
•		<u> </u>	<u> </u>	FORGIVEN
If bank loan, name of endorser or guarantor.		Amou	nt Endorsed: \$	
Debt #3 Corp? Yes	4. Type: 10bW	s		
Thomas HEREK	5. <u>Date Debt Was Incurred</u> ;	\$		1
1606 30+7	10/12/12	e		. 06
Bry City, mt 48708	6. Original Amount of Debt:	s	\$.	560
	\$	\$		FORGIVEN
	-	\$		_1 ONONER
bank loan, name of endorser or guarantor.		Amoun	t Endorsed: \$	
		Page Subtotal (Outs	standing debt) 2	500
(Comb	lete on last page of Schedule show		Oak-dulas 45	500 04
\$==····F·		++ ++ w w w j vi to u.	· · · · · · · · · · · · · · · ·	i

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

Page l of 1



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 150642 2. Committee Name 1 Smmitteets Elect Tom Herek

OARDIDATE COMMITTEE	committee Name (NIV)	MUETOULU	17.0000	
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Deb ck either a or b. Use only for the p	ts and obligations owed <u>to</u> ourpose checked.)	r forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation (Description) Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close
Check box to Indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt		date off debt	of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
ThomasNerek	5. Date Debt Was Incurred:	\$		
Thomas Nevel 1606 3012 Street	1/25/2014	<u> </u>		s
bay city MI 48700	6. Original Amount of Debt:	\$	*	FORGIVEN
If bank loan, name of endorser or guarantor:	1 \$	\$\$		LI ONOIVEN
		Amo	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$\$		
	5. <u>Date Debt Was Incurred</u> :	s		
	6. Original Amount of Debt:	<u> </u>		s
	\$	\$	¥ 	FORGIVEN
<u>.</u>		<u> </u>	. :	L PONGIVER
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	<u> </u>		·
	5. <u>Date Debt Was Incurred</u> :	·\$,	
	4	<u> </u>		
	6. Original Amount of Debt:	\$	\$	\$
	•			FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	<u>.</u>
		Page Subtotal (Outstanding debt)	3300.34.
(Cor	nplete on last page of Schedule st	Grand Total o nowing amounts owed by or	f all Schedules 1E to the committee)	3300.34
A debt or obligation must be shown on this Schedule	. If All and some and a suitable soullists			Enter this total on line 12a "owed by" or line 12b

this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

"owed to" of the Summary Page

Page 2 of 2